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# EXPLOSIVES SAFETY SELF-ASSESSMENTS (ESSA)



# ESSA

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- New schedule will be published every FY by September considering deployments, training events, etc.
- Our Using Unit checklist is generated utilizing several program checklists from NOSSAINST 8020.14E. **It is not all inclusive!**
- The Checklist can be found on our website (and NOSSA website)  
<http://www.lejeune.marines.mil/OfficesStaff/ExplosivesSafety.aspx>



# ESSA

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- In and out briefs will be conducted with the S-4 Officer; for failures, the CO will be briefed. Disputed findings can be discussed during the out brief. (CO and XO may be out briefed for satisfactory assessment if desired)
- The ESSA report will be sent via chain of command within 5 days of the assessment.
- If the unit has findings, a corrective action plan (CAP) will be required within 30 days of the unit receiving the report. CAP's are utilized to correct your discrepancies, not to argue an issue.



# ESSA

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- Units may receive an unsatisfactory rating for any of the following:
  - Failure of any of the pillar programs. (1/2/3/15)
    - Command administration
    - Qual/Cert
    - SOP
    - Inventory management
  - Multiple discrepancies – depending on severity
  - Loss of accountability of A&E



# Corrective Action Plan

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**(1) Finding 01-15 - Element 25:** *This is the finding narrative from the ESSA report results. List findings in the same order as the ESSA results.\_*

**(2) Discussion:** *Optional supporting information*

**(3) Root Cause:** **Policy** (federal, DOD, DON or Local); **Resources** (lack of funding, manpower etc); **Training** (lack of, inadequate or incorrect training; or **Compliance** (failed to comply, human error.)

**(4) Root Cause Analysis:** *Explain why the specific root cause was chosen*

**(5) Corrective Action:** *Action taken or to be taken to correct the discrepancy*

**(6) Current Status:** **Open** (issue has not been addressed); **Closed** (issue has been corrected, no further action needed); **Pending Action by XXX department** (action is being addressed, but not yet closed). Open and pending status requires updates by email to Base ESO every 15 days until finding is Closed



# Corrective Action Plan

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**(1) Finding 01-15 - Element 25:** The unit armory did not have required symbols posted on the perimeter and/or the individual bay within the armory IAW NAVSEA OP5, Vol 1

**(2) Discussion:** N/A

**(3) Root Cause:** Training

**(4) Root Cause Analysis:** Inadequate training was given on the requirement to post storage symbols at the unit armory.

**(5) Corrective Action:** Ammunition and armory personnel have been re-trained on the requirements for posting storage placards IAW NAVSEA OP5, Vol 1. New storage placards have been ordered from the supply section.

**(6) Current Status:** Pending Action from unit supply section



# ESSA

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## Trends

- Expenditure report not certified by A&E Audit and Verification Officer
- OIC and Ammo Tech joint inventory
- Quarterly Audits
- Monthly Inventories not maintained
- Qual/Cert
  - No cert for required family groups
  - Training does not support qual/cert



# ESSA



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- A&E Training Program/rosters/certificates
- A&E training not incorporated in the units annual training plan
- Historical data
- MPPEH/MDAS not being processed within regulations
- Medical examinations for handlers(incorrect med certs)
- SOPs





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# Questions